## CALFRESH (CF) PROGRAM REQUEST FOR POLICY/REGULATION INTERPRETATION

**INSTRUCTIONS:** Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Be sure to identify the additional discussion with the appropriate number and heading. Retain a copy of the CF 24 for your records.

 Questions from counties, including county Quality Control, must be submitted by the county CalFresh Coordinator and may be submitted directly to the CalFresh Policy analyst assigned responsibility for the county, with a copy directed to the appropriate CalFresh Policy unit manager.

| •   | Questions from Administrative Law Judges may be submitted dire-<br>where the hearing took place, with a copy of the form directed to the  | ctly to  | the CalFresh Policy anal<br>propriate CalFresh Burea                         | lyst ass<br>u unit n | signed responsibility to the county                       |
|-----|---|--|--|----------------------|---|
| 1.  | RESPONSE NEEDED DUE TO:   | 5.   | DATE OF REQUEST:   |                      | NEED RESPONSE BY:   |
|     | ✓ Policy/Regulation Interpretation  |  | 05/13/2016   |                      | 6-13-2016   |
|     | □ QC  | 6.   | COUNTY/ORGANIZATION:   |                      |   |
|     | Fair Hearing  | San Luis Obispo County Department of Social Services   |  |                      |   |
|     | Other:  | 7.   | SUBJECT:<br>Undoc HH Member &  |                      |   |
| 2.  | REQUESTOR NAME:<br>Kat Lauterback   | REFERENCES: (Include ACL/ACIN, court cases, etc. in references)     NOTE: All requests must have a regulation cite(s) and/or a reference(s). |  |                      |   |
| 3.  | PHONE NO.:<br>(805) 781-1895  |  | Section 63-502.373(b)(2), 63-502.373(b)(2)(A), 63-502.373(b)(3)              |                      |   |
| 4.  | REGULATION CITE(S):<br>Section 63-502.373(b), 63-502.373(b)(1)  |  | - \- /\- /   |                      |   |
| 9.  | QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):   |  |  |                      |   |
|     | Scenario 1: CF Application. Undoc mother, US citizen father income to the household. If undoc mother pays dependent Scenario 2: CF Application. Undoc father, US citizen mother income to the household. If undoc father pays dependent compared to the Scenario 2, If US citizen mother pays a dependent CFHH? | care<br>er, 2 i<br>are, t  | the dependent care ex<br>mutual US citizen childr<br>the dependent care exp  | en. Boense i         | e is prorated.  oth parents are contributing is prorated. |
|     |   |  |  |                      |   |
| 10. | REQUESTOR'S PROPOSED ANSWER:  |  |  |                      |   |
|     | Per 63-502.373(b), if the food stamp household members we disqualification pay part or all of the deductible expenses, the among all members and only the eligible members' share is lift any ineligible noncitizen contributes to the household experiment that household are counted in the proration.        | ne ex<br>s cou<br>ense   | penses (excluding the nation as the deduction. s. all ineligible noncitized. | utility a            | allowance) will be prorated                               |
|     | Therefore, dependent care expenses should be prorated as matter who pays the dependent care expense.  | s long   | g as an ineligible nonciti   | izen is              | part of the CF household, no                              |
| 11, | STATE POLICY RESPONSE (CFPB USE ONLY):  |  |  |                      |   |
|     | Yes, the deduction will be allowable (see ACIN I-43-03).  |  |  |                      |   |

| FOR CDSS USE   |                               |  |  |  |  |
|----------------|-------------------------------|--|--|--|--|
| DATE RECEIVED: | DATE RESPONDED TO COUNTY/ALJ: |  |  |  |  |
| 05/13/2016     | SV 06-27-2016                 |  |  |  |  |